

# DISCLOSURE DIVISION

- ☐ WAIVER REQUEST  
☐ ANSWER  
☒ RECONSIDERATION REQUEST  
☐ UNTIMELY

DATE: 6/30/2020

DOCKET #: 2020-019

Ashley Wimberley, Director  
Disclosure Division

## FILER INFORMATION

Name: Sarah Ann Reliford  
Address: P. O. Box 581, Campti, LA 71411  
Alt. Address: 105 Marshall St., Campti, LA 71411-4013  
Office/Position: Campti Town Council / Campti / Natchitoches  
Dates of Service: 2017-2018  
Number of Disclosures and/or Amendments Filed with Agency: 3

## REPORT INFORMATION

Name of Report: Tier 3 Annual Personal Financial Disclosure covering calendar year 2018  
Report ID: PFD19011124  
Original Due Date: 5/15/2019  
NOD Received: 9/11/2019 - Signed by: John Marshall  
PFD/Answer Due Date based on NOD: 9/20/2019  
PFD/Answer Filed: 11/8/2019

## LATE FEE INFORMATION

Amount of Late Fee: \$1500  
Days late from receipt of NOD: 49  
Total days late from initial due date: 177  
Late Fee Order Received: 10/22/2019  
Payment/Waiver Request Due Date: 11/11/2019  
Waiver Request Received: 11/8/2019  
Board Result: 3/6/2020  
Reconsideration Request Due Date: 4/12/2020  
Reconsideration Request Received: 3/26/2020

## COMMENTS:

Sarah Reliford is asking for Reconsideration for the late filing of her 2018 PFD Statement. Ms. Reliford said she is a "very sick person" and is "going through a lot". Her sisters have all passed away, with the last one dying at the age of 59; which is when she experienced her first panic attack. She was hospitalized for four days for the attack and while there, doctors found a blood clot on her lung and now takes a blood thinner. She has Thyroid (issues), Arthritis in her back, Carpal Tunnel in her right wrist, and gets injections in her knees and hips every three months. Her youngest son has to sometime help her get up. In 2013, during a Bladder Surgery, the doctor(s) accidentally punctured ("put a hole") inside her body, which left her bedridden for 6 months. The following year she had another Bladder Surgery, and now she cannot afford to pay the hospital. She has applied for Disability and has an appointment in a few months to meet with the Disability Office/Agent Representative. Ms. Reliford states she always paid her bills and helped others. She worked two jobs, one to pay for her children and the other to pay for feeding Senior Citizens in her community. Now she can't pay her own bills and it saddens her that she cannot assist Seniors that need help. Ms. Reliford is not working and does not have an income. Her son who lives in North Dakota is currently helping (he paid her 2017 PFD Fine) and the other children help out as they can. She asks the Ethics Board to please help her with the \$1500 late fee.

## OTHER LATE FEE INFORMATION

### Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: Yes: 2017 \$300 -

### Paid Payment Plan

- Prior Late Fees: No
- Reassessed Late Fees: No

### Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

## Louisiana Board of Ethics

My Sarah Reliford, I'm writing to Ethics Board please help me with this 1,500.00 late fee, I'm really having a hard time, I really don't know what I did wrong, because I kept sending my paper work in. I'm not working, I don't have any income. My son who live in North Dakota was helping me. I been in the hospital for a panic attack. And they found a blood clot on my lung, Thyroid, Arthritis in my back, I take shots every 3 months for my knee and hips, Carpal tunnel in my right wrist. I been trying to get on disability. I have appointment with them 2 1/2 months. I'm a very sick person with no income, my children help me out when they can. I had four sisters they died, they lost one. die in July at the age of 59, I'm the baby of the family. So when she die I had a panic attack, I was in the hospital for four days, that when they found a blood clot on my lung. I'm on blood thinner for the rest of my life.

I'm telling you this because I  
been going through alot. Sometimes  
my baby son help me to get up.  
in 2015. I had surgery on my  
bladder they accident an put a hole  
inside my body, I laid in the bed  
for 6 months couldn't do nothing for  
myself. Next year I went to another  
hospital and had the same surgery,  
my body when down, but I had  
to push myself because my children  
was in school. I can't pay the  
hospital. I was a person that pay  
her bills. Cannot pay anything too I  
get help. Anyone in Campt would tell  
this Board Sarah Reliford worked to give  
her money too the Senior Citizen I had  
two job, one for my children and one  
for the Senior Citizen helping them  
with food. God gave me a gift working  
and loving the Senior Citizen. It hurt  
me now I can't do what I use to do  
for them. Because people look like they  
forget about Senior Citizens. The Lord  
knows what I'm going through. So  
please help me. I'm listing all my  
medication I'm taking, so you would know

I'm telling the truth

Thank You  
Sarah Reiford

Black Cohosh 1 day

VeriAfoxine HCL 25mg

Xorelto 20mg

Ropinrole HCL 0.5mg

Trasolone 100mg

OXYbutyrin 5mg

2 more waiting for the ~~the~~ refill

**SOCIAL SECURITY ADMINISTRATION**

**Refer To:**  
**Sarah A Reliford**

Office of Hearings Operations  
SSA OHO HEARING OFC  
3403 GOVERNMENT ST  
ALEXANDRIA, LA 71302-3321  
Tel: 877-748-9764  
Fax: 318-448-9842

March 12, 2020

Sarah A Reliford  
105 Marshall St  
Campiti, LA 71411

**Dear Sarah A Reliford:**

Thank you for your request for a hearing before an administrative law judge (ALJ). This letter explains the hearing process and things that you should do now to get ready for your hearing. We will send you a notice after we schedule your hearing. We will notify you at least 75 days before the date of your hearing. The notice will provide you with the time and place of your hearing. We generally process requests for hearing by date order, with the oldest receiving priority. We will schedule your hearing as soon as we can, which may take several months.

**Use of Video Conferencing (VTC) At Your Hearing**

In certain situations, we hold your hearing by VTC rather than in person. We will let you know ahead of time if we schedule your hearing by VTC.

If we schedule your appearance by VTC, you and the ALJ will be at different locations during the hearing. A large, color monitor will enable you and the ALJ to see, hear, and speak to each other. The ALJ will also be able to see, hear, and speak to anyone who comes with you to the hearing. This may include your representative (if you have one), a friend, or a family member. We will provide someone at your location to run the equipment and provide any other help you may need.

**You must let us know within 30 days after the date you receive this notice if you do not want to appear at your hearing by VTC. (We may extend the 30-day period if you show you had good cause for missing the deadline.) Please let us know by completing and returning the attached form in the envelope we sent you. We will arrange for you to appear in person.**

If you move before we hold your hearing, we retain the right to decide how you will appear at your hearing, even if you objected to appearing by VTC. For us to consider your change of residence when we schedule your hearing, you must submit evidence proving your new residence.

**The Hearing**

At your hearing, you may present your case to the ALJ who will make the decision on your claim(s). The ALJ will consider the issue(s) you raise, the evidence now in your file, and any additional evidence you provide. The ALJ may also consider other issues, including issues that were decided in your favor in the decision you appealed. The Notice of Hearing will list the issues the ALJ plans to consider at the hearing.

**Suspect Social Security Fraud? Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).**

Form HA-L2 (04-2015)

Claimant

See Next Page

Fax Received 15:08:06 2020-03-26

Your hearing is the time to explain why you believe the ALJ should decide the issues in your favor.

#### **Your Right to An Interpreter At Your Hearing**

**You are not required to bring an interpreter.** You must request an interpreter so we can provide an interpreter free of charge. When you request an interpreter, tell us what language you prefer (including ASL). An interpreter can be requested by calling our office or sending a letter.

#### **Your Right To Representation**

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. We are enclosing a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA 1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

#### **Submitting Evidence**

We need to make sure that your file has everything that the ALJ will need to decide your case. After the ALJ reviews the evidence in your file, he or she may request more evidence to consider at your hearing.

You are required to inform us about or submit all evidence known to you that relates to whether or not you are blind or disabled. You must inform us about or give us evidence no later than five business days before the date of your hearing. The ALJ may choose to not consider the evidence if you fail to provide it timely.

We can help you get evidence. If you need help, contact our office, your local Social Security office, or your representative (if you appoint one) immediately.

If a physician, expert, or other person is not providing documents important to your case, you may ask the ALJ to issue a subpoena. A subpoena is a special document that requires a person to submit documents or to testify at your hearing. The ALJ will issue a subpoena only if he or she thinks the evidence is necessary to decide your case, and the evidence cannot be obtained another way. You must ask the ALJ to issue a subpoena at least 10 days before your hearing date. Send your request in writing to the address at the top of the first page of this letter.

#### **You May See The Evidence In Your File**

If you wish to see the evidence in your file, you can see it on or before the date of your hearing. If you wish to see your file before the date of your hearing, please call us as soon as you reasonably can at the number at the top of the first page of this letter.

#### **If You Have Any Questions or Your Address Changes**

If you have any questions, please call or write us. You must tell us if you change your address. For your convenience, we gave you our telephone number and address on the first page of this letter.



SARAH ANN RELIFORD  
P O BOX 581  
CAMPTI, LA 71411

ETHICS BOARD REC'D  
NOV 08 19 PM 2:51

November 8, 2019

Louisiana Board of Ethics  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

RE: Tier 3 Annual Personal financial disclosure statement for calendar year 2018  
Campti town council/Natchitoches  
Late Fee Assessment-Report:

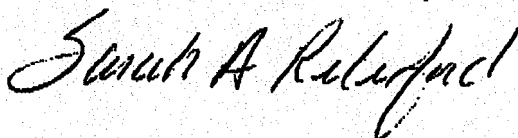
Dear Louisiana Board of Ethics:

I am requesting a waiver of the late fee. Being that I took office January 1, 2019 and was not an elected official in the year of 2018, I wasn't aware that I had to file for the year of 2018. I apologize to the Board for the misunderstanding. I am currently unemployed therefore I do not have the funds to pay the \$1,500 late fee assessment.

I am asking the Board to consider my request.

Thank you,

Sarah Ann Reliford





December 12, 2019

Dear Ashley Wimberley:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7019 0700 0000 0737 5958.**

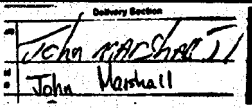
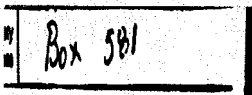
Item Details

<b>Status:</b>	Delivered
<b>Status Date / Time:</b>	September 11, 2019, 11:30 am
<b>Location:</b>	CAMPTI, LA 71411
<b>Extra Services:</b>	Certified Mail™

Destination Delivery Address

<b>Street Address:</b>	PO BOX 581
<b>City, State ZIP Code:</b>	CAMPTI, LA 71411-0581

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004

ETHICS BOARD REC'D  
DEC 12 '19 PM 4:16